



FORM
GD1
(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

13 JUN -7 A11:58

FILER

GRUNE

Last Name

MURRAY

First Name

STATE OF HAWAII
STATE ETHICS COMMISSION
R

M.I.

DEPARTMENT OF TRANSPORTATION

State Agency

DEPUTY DIRECTOR

State Position

CONTACT INFORMATION

HARBORS DIVISION

79 S. NIMITZ HIGHWAY

Number and Street or P.O. Box

HONOLULU

City

HI

State

96813

Zip Code

(808) 587-3651

Telephone

Extension

randy.grune@hawaii.gov

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: None Date Received: _____
Gift (Description): _____ Value/Cost: _____
2. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
3. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
4. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____



Check here if additional sheets are attached

FILER

Print Name of Filer (First M.I. Last)

6/7/2013

Date (m/d/yyyy)



CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.